

Name
in
Full

Ann Amelia Allcutt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laytonville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1960</i>	Month <i>Mar</i>	Day <i>26</i>	Age <i>71</i>	Months <i>8</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Montgomery Co</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John Allcutt</i>			Father's Birthplace <i>Montgomery Co</i>		
Mother's Maiden Name <i>Elizabeth Miller</i>			Mother's Birthplace <i>" "</i>		
Name of person giving Information <i>Jacob M Allcutt</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

65

PHYSICIAN
OR CORONER

Primary <i>Cerebral Sclerosis</i>	How long <i>2 years</i>
Immediate <i>Paralysis of Cardiac Centre</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>V. H. Deason</i>
	Address <i>Laytonville Montgomery Co</i>
Accident or Suicide	



Name
in
Full

Trenton And

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Poolesville		County Montgomery		MARYLAND	
Date of death	1900	Month March	Day 15	Age 62	Years 2	Months	Days
Sex	Male		Color or Race	White		Birth- place	Maryland
Occupation	Farmer			Where Residing if not at place of death Poolesville			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Asa And					Father's Birthplace	Maryland
Mother's Maiden Name	Katherine Hickman					Mother's Birthplace	Maryland
Name of person giving Information	T. H. And					How related to deceased	Nephew

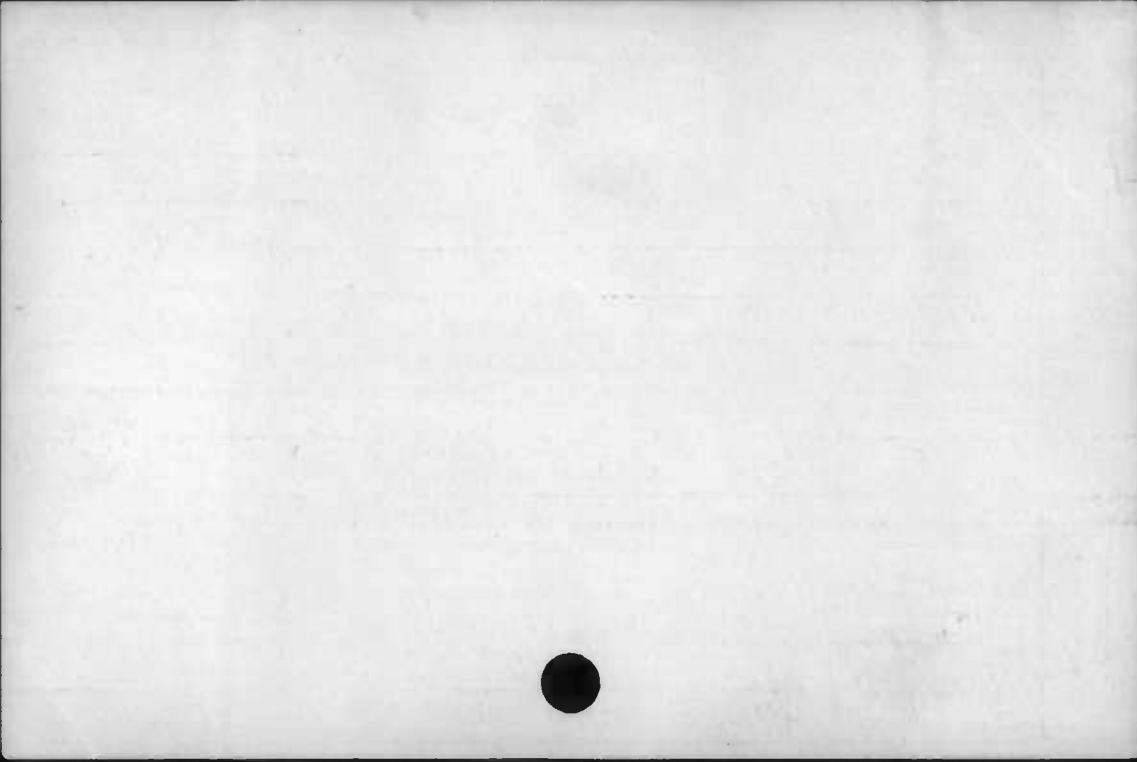
CAUSES OF DEATH

79

v

PHYSICIAN
OR CORONER

Primary	Mitral Insufficiency	How long	Unknown
Immediate	Coronary Arteriosclerosis	How long	18 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. W. White	
Address		Poolesville	
Accident or Suicide?		No	



Name
in
Full

William A. Bradt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at *Washington Grove* Town *Montgomery* County **MARYLAND**

Date of death *1970* Month *March* Day *2* Age *38* + Years Months Days

Sex *m* Color or Race *W* Birth-place *Virginia*

Occupation *Insurance* Where Residing if not at place of death *Norfolk, Va*

Married, Single or Widowed *Single* Name of Wife or Husband *Mrs Annie Bradt*

Father's Name *Harmon Bradt* Father's Birthplace *Schenectady, NY*

Mother's Maiden Name *Lillie Magill* Mother's Birthplace *Charleston, S.C.*

Name of person giving Information *A. H. Sewon* How related to Deceased *Nephew*

CAUSES OF DEATH

28

Primary *Pulmonary Tuberculosis* How long *few months*

Immediate *Pulmonary Tuberculosis* How long *"*

Are the name, age, sex, color, data and place correctly given above?

Yes

Signature of Physician

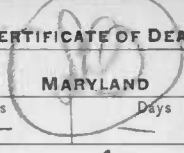
Address

John H. Lindsey
Harmon Foundation
Washington Grove,
Maryland

Accident or Suicide

*No*PHYSICIAN
OR CORONER



Name in Full		Leonard Jarboe Brosius				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND Related		Died at		Town Barnesville	County Montgomery		MARYLAND 	
		Date of death	19 10	Month March	Day 14	Age		22
		Sex	Male		Color or Race	White		
		Birth-place	Maryland					
		Occupation	Farmer		Where Residing if not at place of death			
		Married, Single or Widowed	Single		Name of Wife or Husband			
		Father's Name	Chas. T. Brosius			Father's Birthplace	Maryland	
		Mother's Maiden Name	Jennie Trundle			Mother's Birthplace	Maryland	
		Name of person giving information	Mrs. Thos. Story			How related to deceased		
CAUSES OF DEATH								
PHYSICIAN OR CORONER H		Primary				How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
						Address		
		Accident or Suicide?						



Name
in
Full

Clarence Bashell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

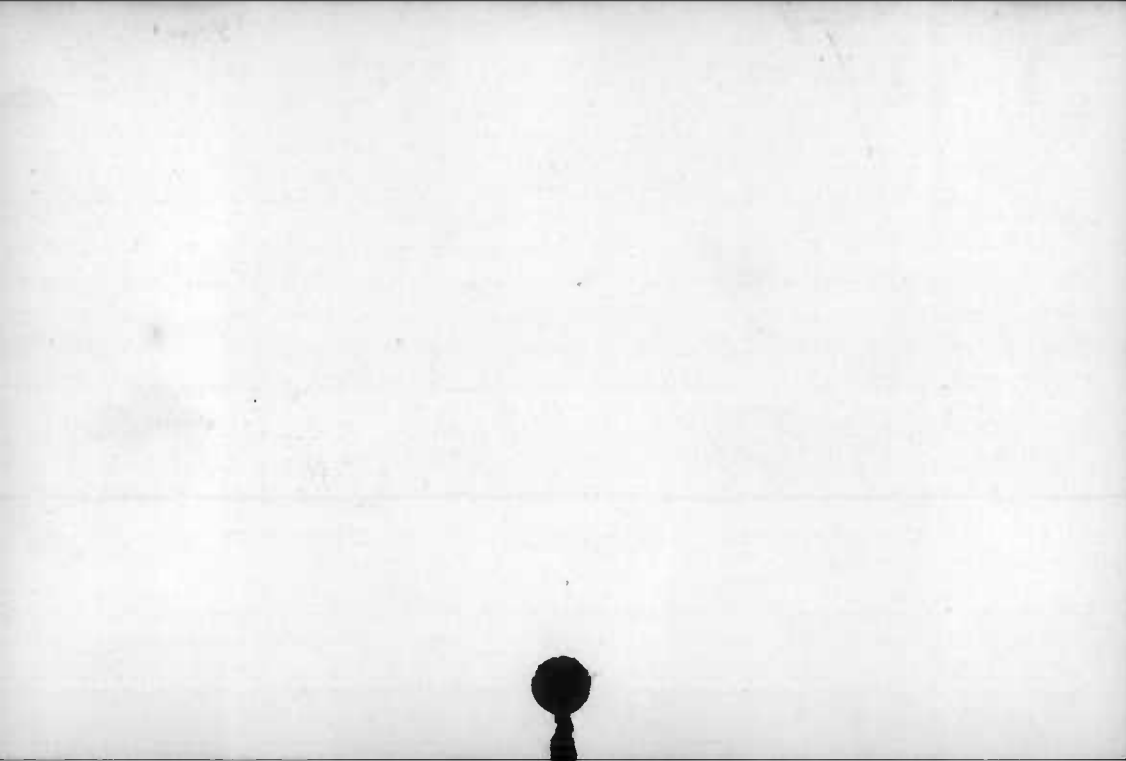
Died near ^{Town} Olney		^{County} Montgomery		MARYLAND	
Date of death	1940	Month	March	Day	24
Age	42	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Montg. Co. Md.
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband Ivy Bready		
Father's Name	George C. Bashell		Father's Birthplace Montg. Co. Md.		
Mother's Maiden Name	Ann Elizabeth Catherine Bready		Mother's Birthplace Montg. Co. Md.		
Name of person giving information	Frank Bashell		How related to deceased Brother		

CAUSES OF DEATH

54 ✓

PHYSICIAN
OR CORONER

Primary	Peruicuous Anemia.	How long	13 months
Immediate	Anemia	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas. Fargushear.
		Address	Olney. Md.
Accident or Suicide?			



Name
in
Full

Mary Steele Claude

CERTIFICATE OF DEATH

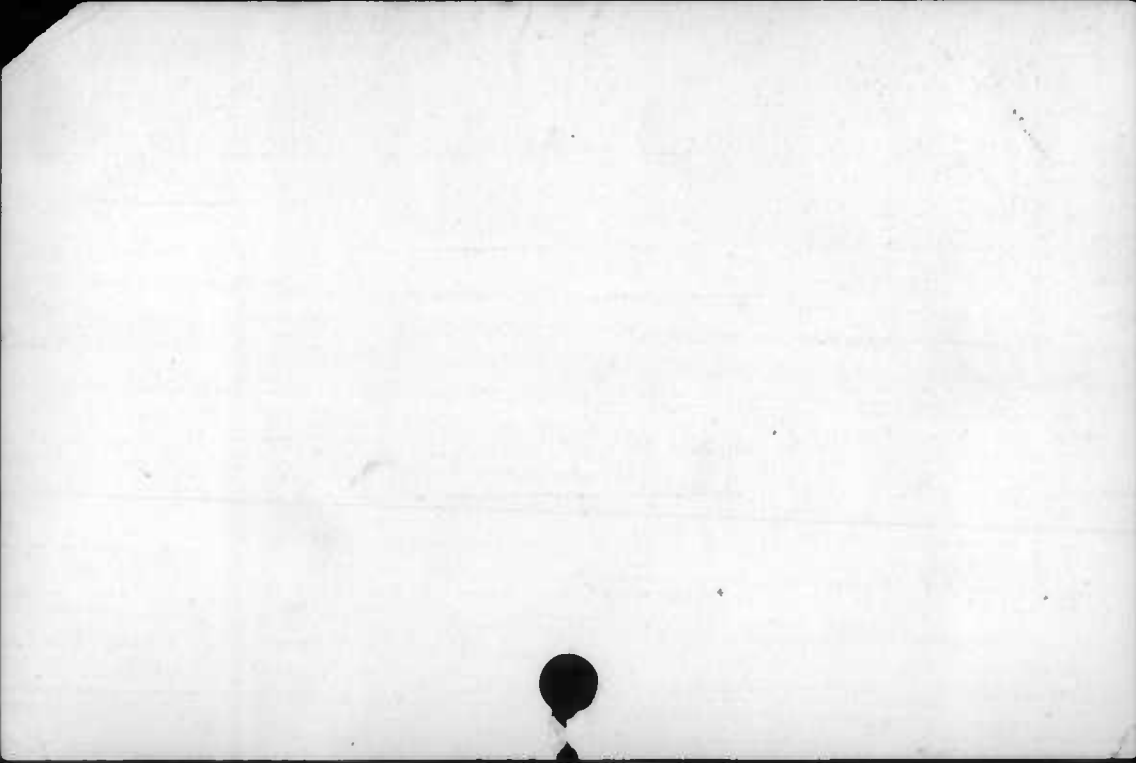
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cherry Chase</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	19 <i>00</i>	Month <i>3</i>	Day <i>15</i>	Age <i>85</i> Years	Months <i>3</i> Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Georgetown, D.C.</i>		
Occupation <i>House-wife</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Dennis Claude</i>				
Father's Name <i>Henry Manyader Steele</i>	Father's Birthplace <i>Annapolis</i>				
Mother's Maiden Name <i>Maria Key</i>	Mother's Birthplace <i>Annapolis</i>				
Name of person giving information <i>Jessie S. Claude</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

40 ☒PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <input checked="" type="checkbox"/>
Immediate <i>Cancer of Stomach</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John L. Lewis M.D.</i>
	Address <i>Bethesda, Md.</i>
Accident or Suicide? <i>no.</i>	



Name
in
Full

Siryanna

Bole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

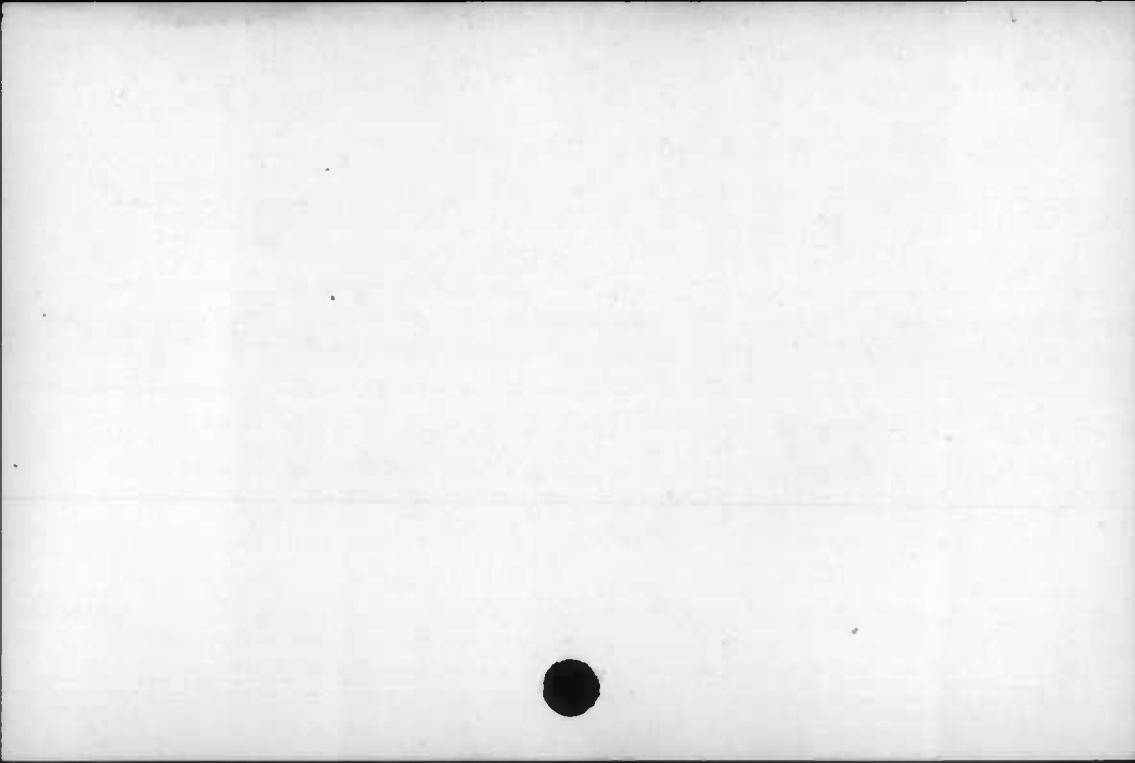
Died at		Town Olney		County Montgomery		MARYLAND	
Date of death	1900	Month March	Day 20	Age	82	Years	Months —
Sex	Female		Color or Race	Colored		Birth-place	Montg. Co., Md.
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	Samuel Bole			
Father's Name	Horace Mitchell				Father's Birthplace	Montg. Co., Md.	
Mother's Maiden Name	Not known				Mother's Birthplace	Montg. Co., Md.	
Name of person giving information	John Francis Bole				How related to deceased	Son.	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Old age & Senility		How long	64
Immediate	Apoplexy		How long	A few hours
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	Chas. Farguhar, M.D.
			Address	Olney.
Accident or Suicide?				Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Dasher

Town

County

MARYLAND

Died at

Date

Month

Day

Years

Months

Days

of death 1900

3

19

Age

79

Sex

Female

Color or
Race

White

Birth-
place

Twenty Co Md

Occupation

Housewife

Where Residing if not
at place of death

~~Married~~ Single
or Widowed

Name of Wife or
Husband

Thomas Dasher

Father's
Name

Benoni Dasher

Father's
Birthplace

Maryland

Mother's
Maiden Name

Sarah Cuswell

Mother's
Birthplace

Maryland

Name of person giving
In formation

Dr U. D. House

How related
to deceased

Son

CAUSES OF DEATH

Primary

Bronchitis (not tubercular)

How long

5 yrs

Immediate

Asthma

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

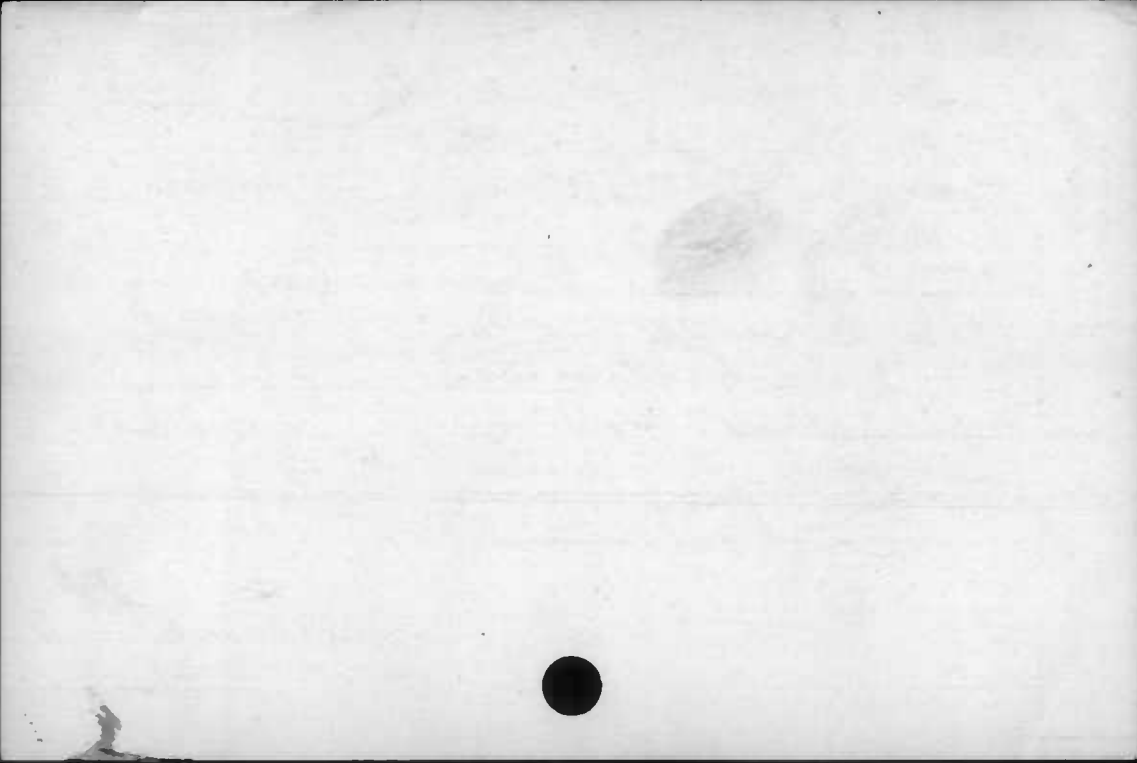
yes

Signature of
Physician

Address

U. D. House
Dausonville Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Emily Davis		Town Washington Grove		County Montgomery		State MARYLAND	
Died at Washington Grove		Month 3		Day 21		Age 40	
Date of death 1910		Month 3		Day 21		Age 40	
Sex Female		Color or Race Colored		Birth-place Md			
Occupation Servant		Where Residing if not at place of death 					
Married, Single or Widowed		Name of Wife or Husband George Davis					
Father's Name Basel Hall		Father's Birthplace Md					
Mother's Maiden Name Julia Riggs		Mother's Birthplace 					
Name of person giving information Basel Hall		How related to deceased Father					

CAUSES OF DEATH

(79) ✓

PHYSICIAN
OR CORONER

Primary	Mitral Regurgitation	How long	1 year
Immediate	Exhaustion	How long	1 Day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C. C. Telchison	
yes		Address Garthensburg Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

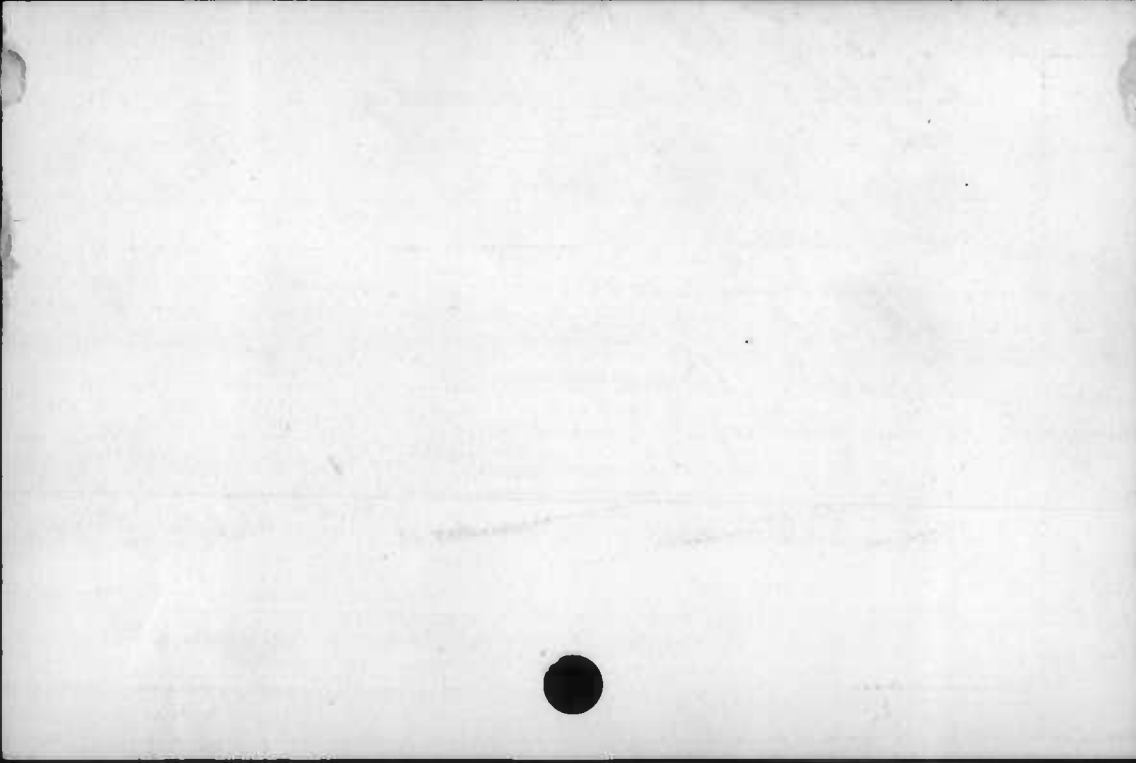
Died at		Town <i>Unity</i>		County <i>Montg</i>		MARYLAND	
Date of death	1900	Month	<i>March</i>	Day	<i>5</i>	Age	<i>83</i>
Sex		<i>Male</i>		Color or Race		<i>White</i>	
Occupation		<i>Farmer</i>		Birth-place		<i>Ireland</i>	
Where Residing if not at place of death							
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Rebecca Brown</i>		
Father's Name	<i>Robert Will</i>		Father's Birthplace		<i>Ireland</i>		
Mother's Maiden Name	<i>Esibeller Power</i>		Mother's Birthplace		<i>Ireland</i>		
Name of person giving information	<i>Florence S. Will</i>		How related to deceased		<i>Daughter-in-law</i>		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Heart disease</i>	How long	<i>Several months</i>
Immediate	<i>acute indigestion</i>	How long	<i>12 or 24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. G. Spurrer</i>
		Address	<i>Unity Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Otha Duval</i>		Town <i>Gaithersburg</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1910	Month	3	Day	27	Age	44
Sex	Male		Color or Race	Colored		Birth-place	Id
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Joseph Duval					Father's Birthplace	Id
Mother's Maiden Name	Dont. Knapp					Mother's Birthplace	
Name of person giving information	Sgt 13 Duval					How related to deceased	1 Brother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of Lungs</i> <i>Exhaustion</i>	How long	12 Months
Immediate		How long	1 Week
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		E H Echison	
Address		Gaithersburg	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Ellie Cecil Fulkers*

Died at *Gaithersburg* ^{Town} *Montg* ^{County}

State *MARYLAND*

Date of death *19/10* ^{Month} *3* ^{Day} *24* ^{Years} *25* ^{Months} *7* ^{Days}

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Calgunon Fulkers*

Father's Name *C. Columbus Cecil* Father's Birthplace *Md*

Mother's Maiden Name *Mary E. Crawford* Mother's Birthplace *"*

Name of person giving information *Blanche Lee Kanode* How related to deceased *Sister*

CAUSES OF DEATH

(64) ✓
How long*6 Days*

How long

*1 Day*PHYSICIAN
OR CORONER

Primary

Acute Cerebral Congestion

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

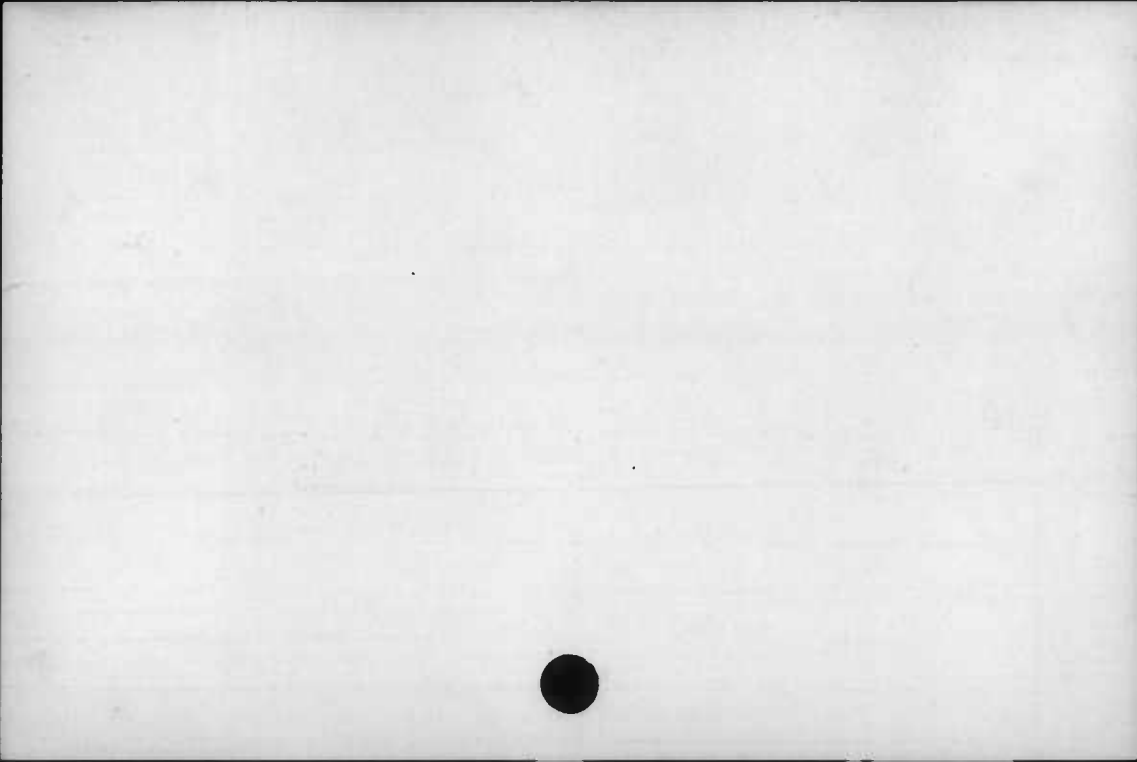
Signature of Physician

E. E. Etchison M.D.

Address

Gaithersburg Md.

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

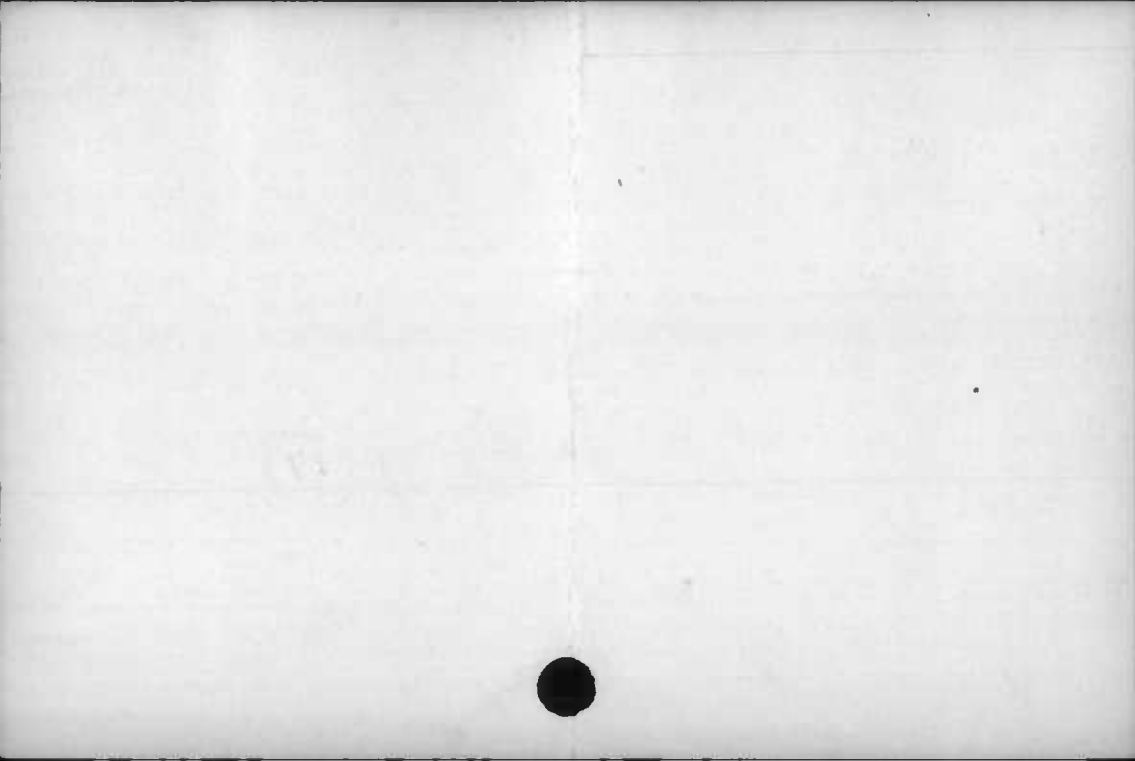
Died at <i>Cherry Chase</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	<i>1960</i>	Month <i>Mar</i>	Day <i>31</i>	Age <i>3</i>	Months <i>3</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>MD</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John Joseph Green</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Nellie James</i>	Mother's Birthplace <i>MD</i>				
Name of person giving information <i>Nellie James</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

189

PHYSICIAN
OR CORONER

Primary <i>Myocardial</i>	How long <i>3 mos.</i>
Immediate <i>Exhaustion</i>	How long <i>few hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. J. Callaghan</i>
	Address <i>—</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Mary Fulming Hahn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

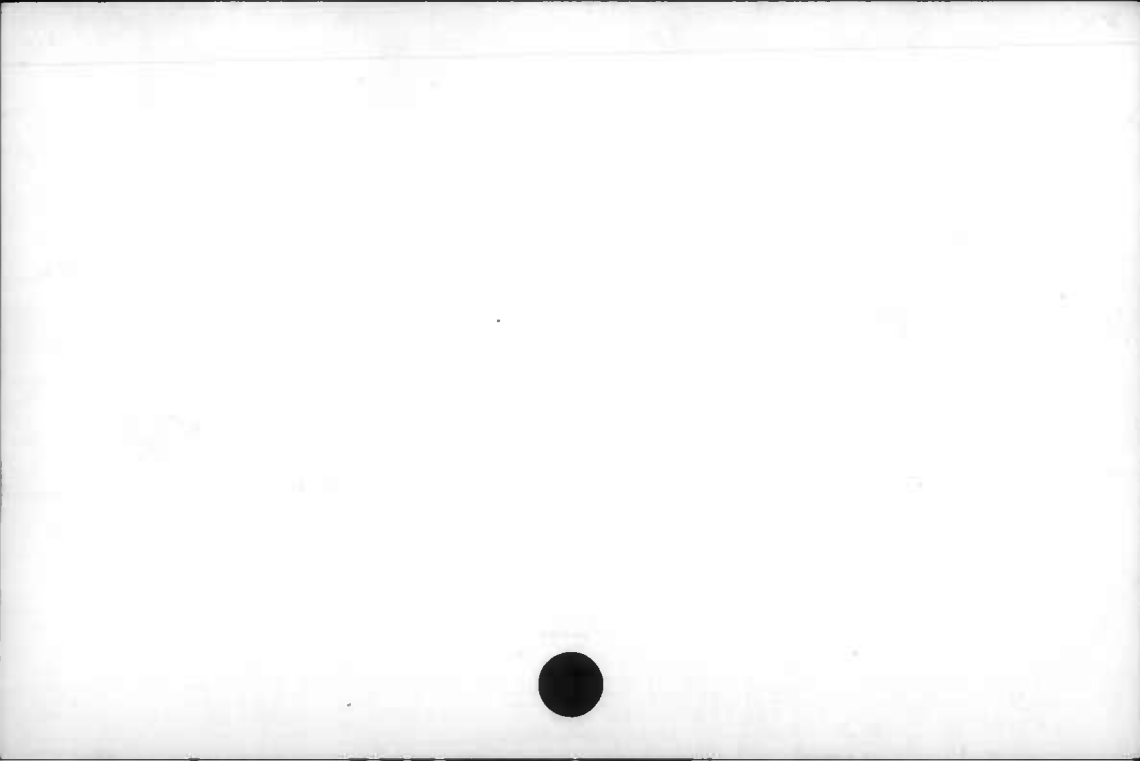
Died at <i>Washington Grove</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death <i>1960</i>		Month <i>March</i>		Day <i>4</i>		Age <i>32</i>	
Sex <i>Female</i>		Color or Race <i>W</i>		Birth-place <i>Washington D.C.</i>		Months <i>?</i>	
Occupation <i>at home</i>		Where Residing if not at place of death <i>Washington D.C.</i>		Years <i>?</i>		Days <i>?</i>	
Married, Single or Widowed <i>Divorced</i>		Name of Wife or Husband <i>(George L. Ockstadt) divorced</i>		Father's Name <i>Edwin Hahn</i>		Father's Birthplace <i>Baltimore Md.</i>	
Mother's Maiden Name <i>Margaret Hunt</i>		Name of person giving Information <i>Charles F. Hahn</i>		Mother's Birthplace <i>Barrabgon, N.Y.</i>		How related to deceased <i>Brother</i>	

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>	How long	<i>many months</i>
Immediate	<i>Pulmonary tuberculosis</i>	How long	<i>many months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John H. Lindsey</i>	
Address <i>Starbort Sanatorium</i>		Address <i>Washington Grove, Md.</i>	
Accident or Suicide <i>No</i>			



Name
in
Full

Bennie Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Boobsville ^{County} Montg **MARYLAND**

Date of death 1980 ^{Month} Mar ^{Day} 1st ^{Years} Age 68 ^{Months} — ^{Days} —

Sex Male Color or Race Colored Birth-place MD

Occupation Farm Laborer Where Residing if not at place of death Boobsville

Married, Single or Widowed Widowed Name of Wife or Husband Henrietta Duffin

Father's Name Chas Hamilton Father's Birthplace MD

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Ann Dorsey How related to deceased Niece

CAUSES OF DEATH

(64)

Primary Arterio Sclerosis How long Unknown

Immediate Cerebral Hemorrhage How long 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician EW White

Address Boobsville
MD

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Charles L. Higdon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

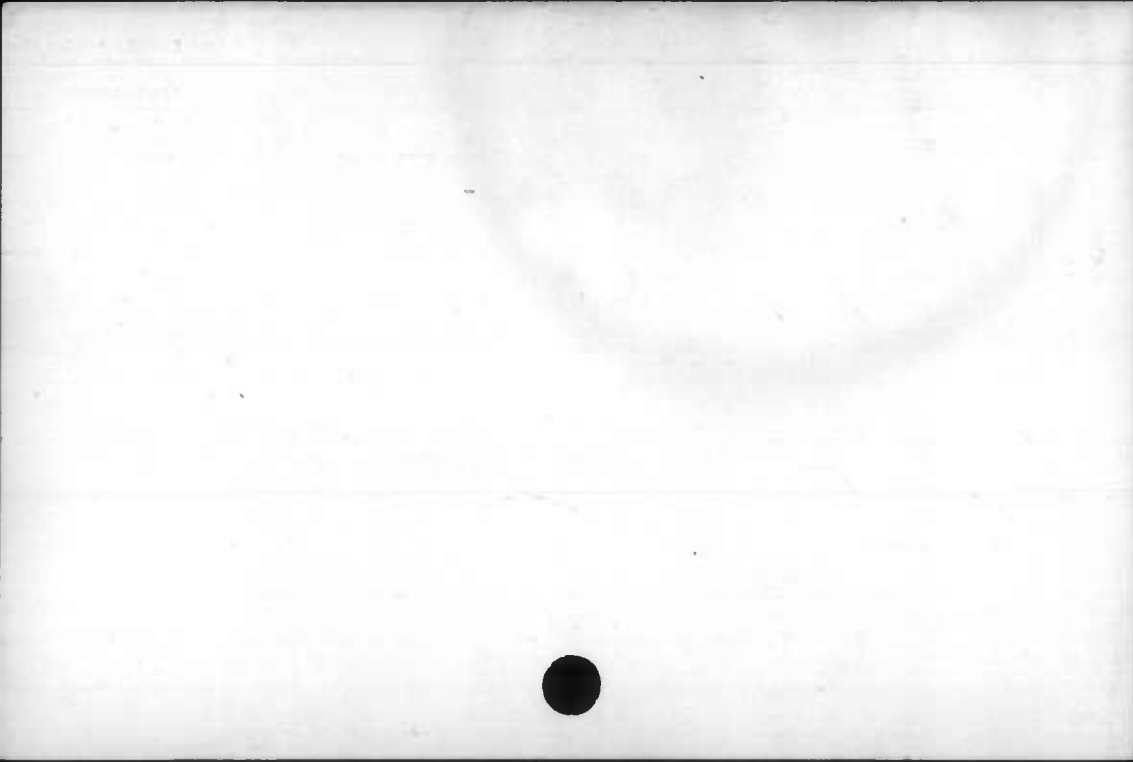
Died at <i>Quince Orchard</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death <i>1960</i>	Month <i>3</i>	Day <i>1</i>	Age <i>70</i>	Years	Months <i>3</i>	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md-</i>				
Occupation <i>Carpenter</i>			Where Residing if not at place of death <i>same</i>				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Susan Lewis</i>					
Father's Name <i>John T. Higdon</i>			Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Achsia Leane</i>			Mother's Birthplace <i>md</i>				
Name of person giving Information <i>Mrs James Purdum</i>			How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

9k

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>20 yrs</i>
Immediate <i>Broncho Pneumonia</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. B. Haddock</i>
	Address <i>Gaithersburg md</i>
Accident or Suicide	



Nat Hodge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

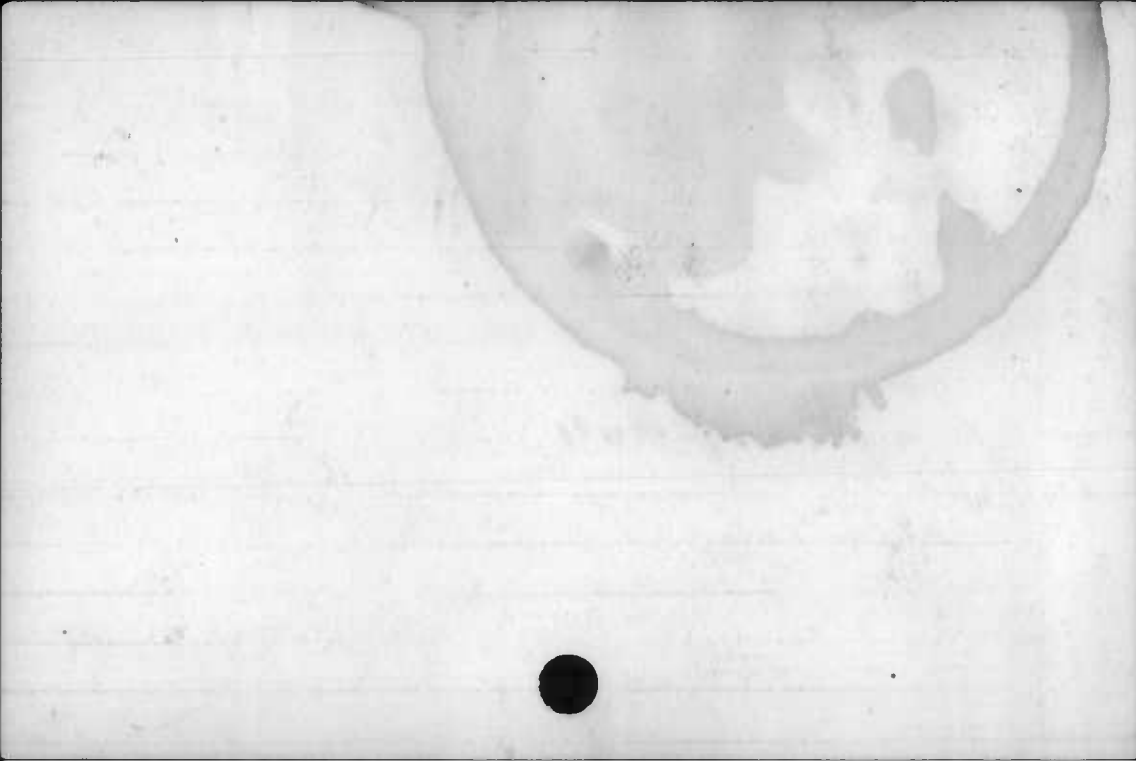
Died at <i>near Rockville</i>		Town <i>Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1910</i>	Month <i>3</i>	Day <i>26</i>	Age <i>90</i>	Years <i>1</i>	Months <i>0</i>	Days <i>1</i>	
Sex <i>Male</i>	Color or Race <i>Mulatto</i>		Birth-place <i>Maryland</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>X</i>				
Father's Name <i>Unknown</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Philip Case</i>				How related to deceased <i>Not at all</i>			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Senile Debility</i>	How long <i>Three years</i>
Immediate <i>Paralysis</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Edmund Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide?	



Name
in
Full

Louisa Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

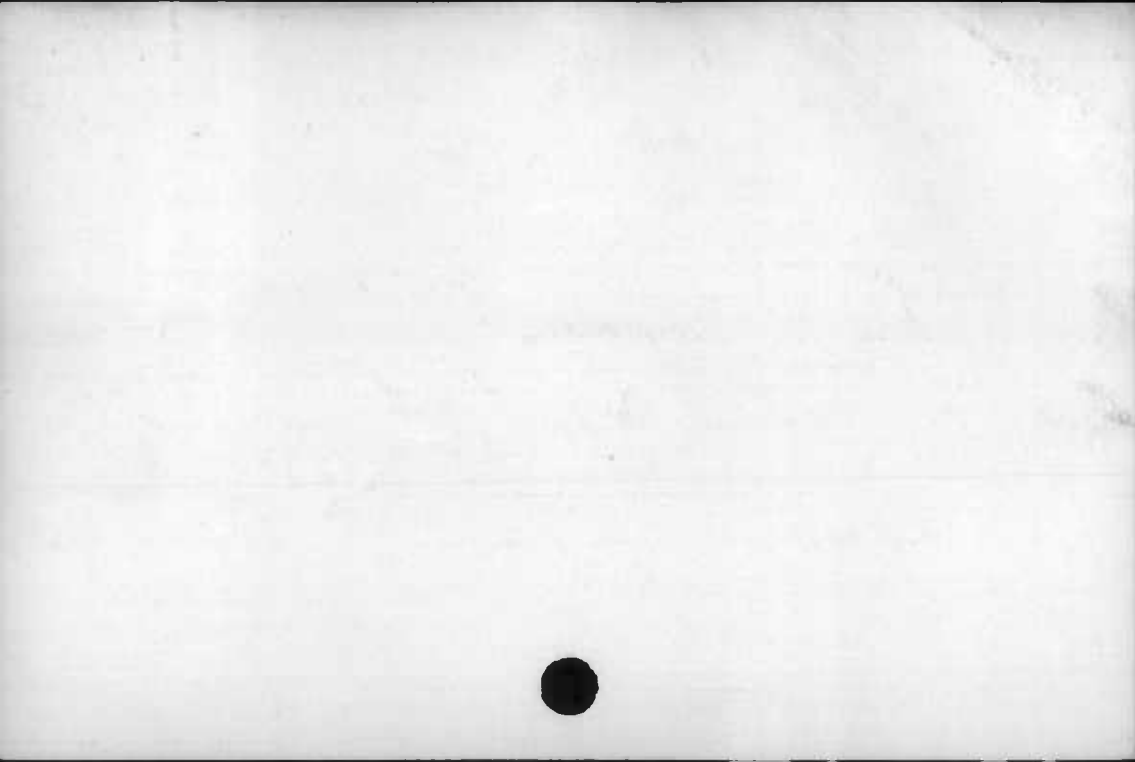
Died at <i>Norbeck</i> ^{Town}		<i>Moulbournery</i> ^{County}		MARYLAND	
Date of death	<i>1910</i> ^{Month}	<i>March</i> ^{Day}	<i>6th</i> ^{Years}	Age <i>68</i>	<i>—</i> ^{Months}
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Howard Co. Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George Jackson</i>				
Father's Name <i>Benjamin Hopkins</i>	Father's Birthplace <i>Howard Co. Md.</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>Howard Co.</i>				
Name of person giving information <i>George Jackson</i>	How related to deceased <i>Husband.</i>				

CAUSES OF DEATH

10 ✓

PHYSICIAN
OR CORONER

Primary <i>Grief</i>	How long <i>9 days</i>
Immediate <i>Pneumonia</i>	How long <i>About 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Farguehar</i>
	Address <i>Olney. Md.</i>
Accident or Suicide?	



Name
in
Full

Charles Lockman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

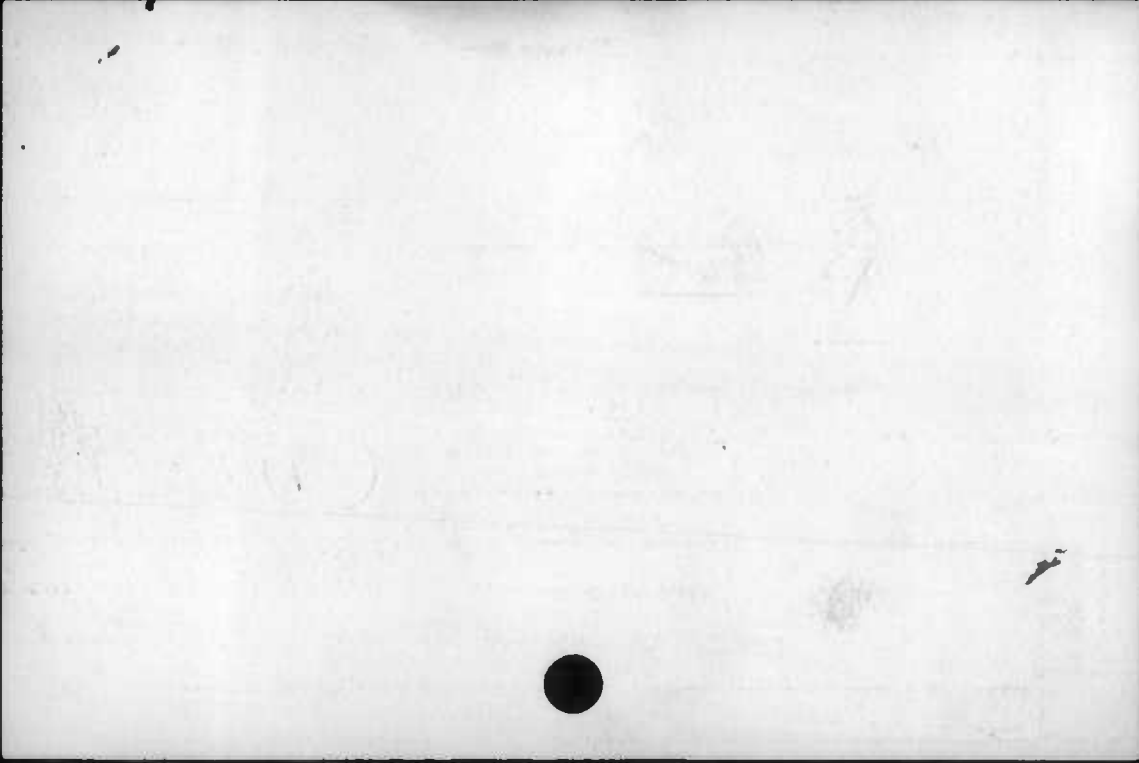
Died at <i>Unit</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	<i>1900</i>	Month <i>March</i>	Day <i>30</i>	Age <i>13</i> Years	Months <i>✓</i> Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Co.</i>		
Occupation <i>Farm hand</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Arthur Lockman</i>	Father's Birthplace <i>Montg. Co.</i>				
Mother's Maiden Name <i>Marta</i>	Mother's Birthplace <i>unknown</i>				
Name of person giving information <i>Jack Nettles</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

27 ✓

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Phthisis</i>	How long <i>about 4 months</i>
Immediate <i>Heart disease</i>	How long <i>unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. G. Spence</i>
	Address <i>Gaithersburg Md</i>
Accident or Suicide?	



Name
in
Full

Elanor Mason

CERTIFICATE OF DEATH

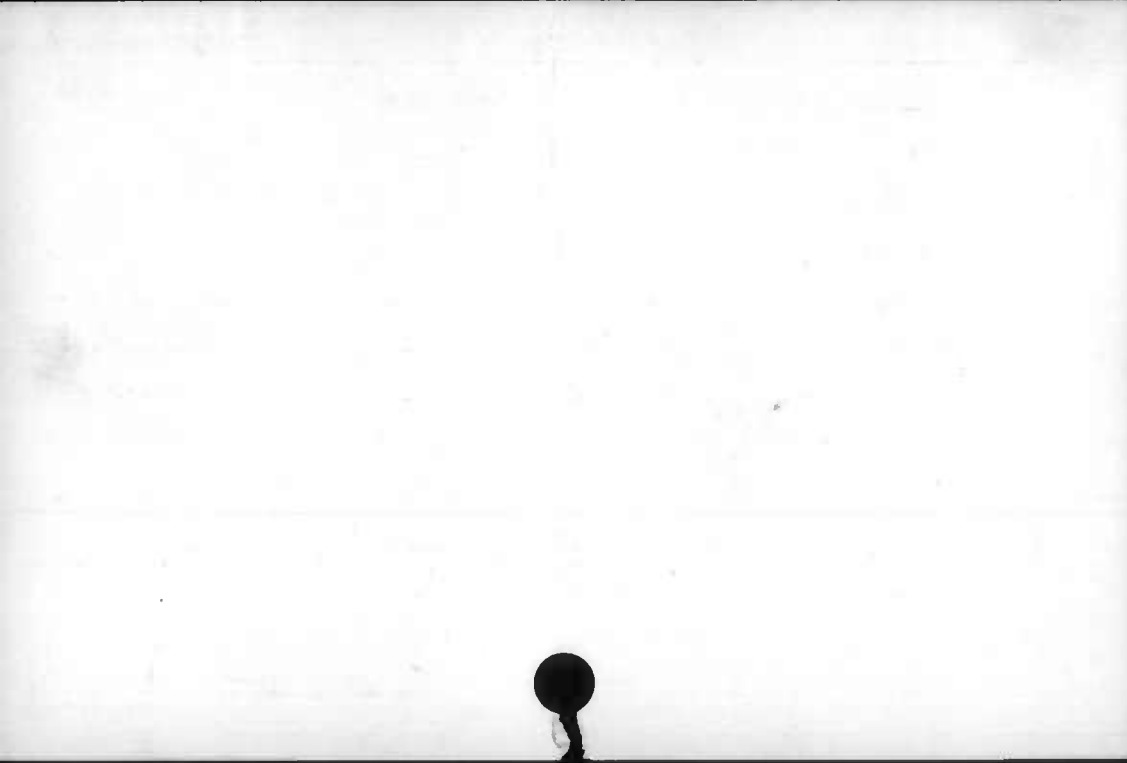
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Clarkburg</u>		County <u>2 months</u>		MARYLAND	
Date of death <u>1920</u>	Month <u>March</u>	Day <u>3</u>	Age <u>10</u>	Months <u>9</u>	Days <u>4</u>
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birth-place <u>Clarkburg Md</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>_____</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>_____</u>				
Father's Name <u>Leaches W. Mason</u>	Father's Birthplace <u>Hyattstown Md</u>				
Mother's Maiden Name <u>Elija Sidonia Wiers</u>	Mother's Birthplace <u>Clarkburg Md</u>				
Name of person giving Information <u>Leach W. Mason</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary <u>Peri Carditis</u>	How long <u>3 months</u>
Immediate <u>Pneumonia</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. E. Seely</u>
	Address <u>Clarkburg Md</u>
Accident or Suicide <u>_____</u>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Hamilton Mills</i>		Town <i>Danversville</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Danversville</i>		Month <i>3</i>		Day <i>31</i>		Age <i>54</i>	
Date of death <i>1900</i>		Month <i>3</i>		Day <i>31</i>		Years <i>54</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Germananton Md</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>-</i>					
Widowed		Name of Wife or Husband <i>Eula D. Mills</i>					
Father's Name <i>John Mills</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>No record available</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Peter J. Stang Danversville</i>		How related deceased <i>son</i>					

CAUSES OF DEATH

Primary

Bronchial Asthma

How long

10 yrs

Immediate

Asthma

How long

2 yrs

Are the name, age, sex, color, date and place correctly given above?

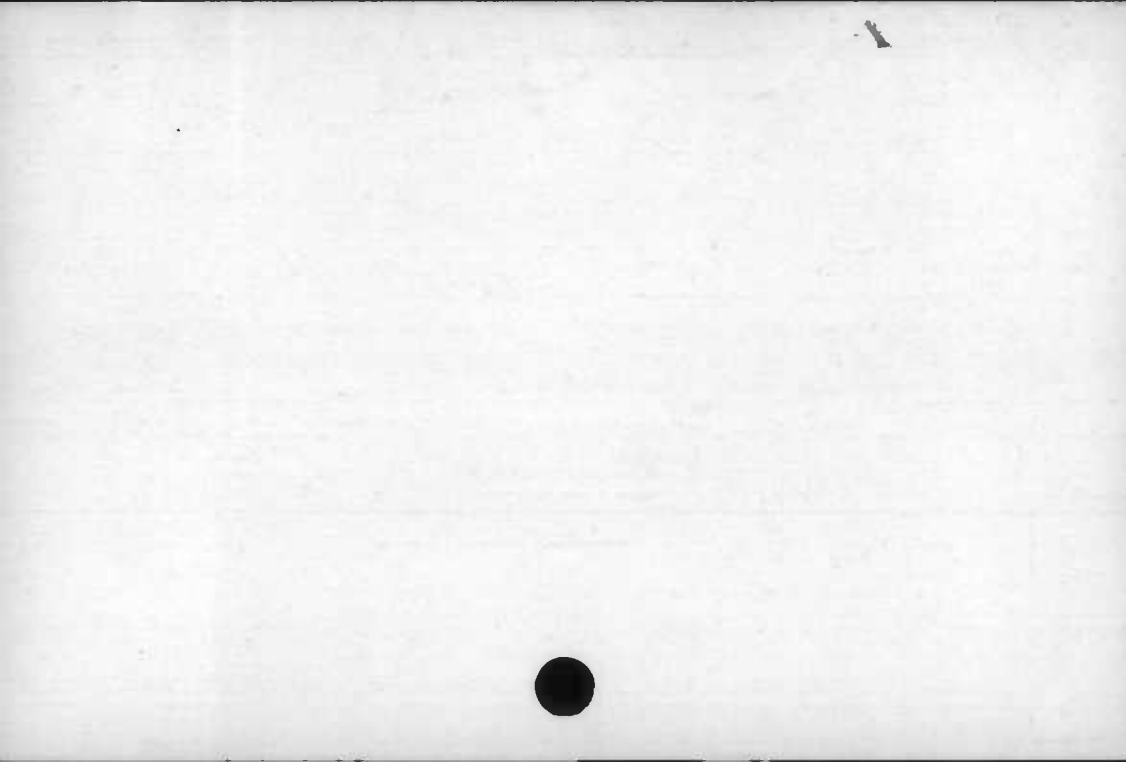
yes

Signature of Physician

Address

*U. D. Householder
Danversville Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name **Richard H. Mills** Town **Gaithersburg** County **Montgomery** MARYLAND

Died at **Gaithersburg**

Date of death 19 **10** Month **3** Day **30** Age **88** Years Months **5** Days **10**

Sex **Male** Color or Race **White** Birth-place **Ind**

Occupation **Retired Farmer** Where Residing if not at place of death

Married, Single or Widowed **Widowed** Name of Wife or Husband **Margaret Mills**

Father's Name **As. H. Mills** Father's Birthplace **Ind**

Mother's Maiden Name **Selby** Mother's Birthplace **"**

Name of person giving information **Thos. Mills** How related to deceased **Son**

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

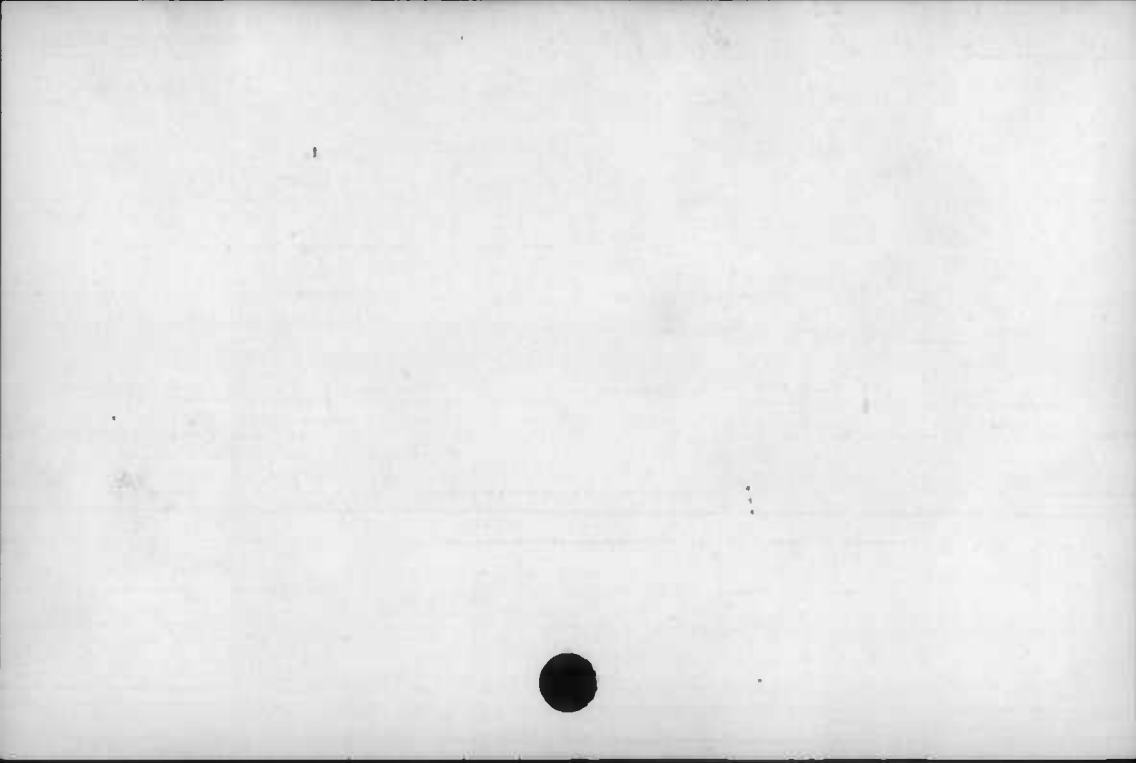
Primary **Bright Disease** How long **4 years**

Immediate **Exhaustion** How long **1 Week**

Are the name, age, sex, color, date and place correctly given above? **yes** Signature of Physician **C. C. Elchison**

Address **Gaithersburg**

Accident or Suicide? **Ind**



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 1910

Month

3

Day

16

Age

Years

Months

Days

Sex

Occupation

Color or
RaceWhere Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
InformationFather's
BirthplaceMother's
BirthplaceHow related
to deceased

CAUSES OF DEATH

151

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John O'Donnell
Died at *Ashton* Town *Montgomery* County
Date of death 19*40* Month *March* Day *25* Age *78* Years Months Days
Sex *Male* Color or Race *white* Birth-place *Maryland*
Occupation *Farmer* Where Residing if not at place of death *Near Ashton*
Married, Single or Widowed *Single* Name of Wife or Husband *None*
Father's Name *James O'Donnell* Father's Birthplace *Ireland*
Mother's Maiden Name *Unknown* Mother's Birthplace *Ireland*
Name of person giving Information *Lough O'Donnell* How related to deceased *Nephew*

CAUSES OF DEATH

81 ✓

PHYSICIAN
OR CORONER

Primary *Arterio-capillary Sclerosis* How long *Five years*
Immediate *Heart Failure* How long *Instantaneous*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. W. L. Cissell*
Address *Highland Md.*
Accident or Suicide



Name
is
Full

Nettie Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

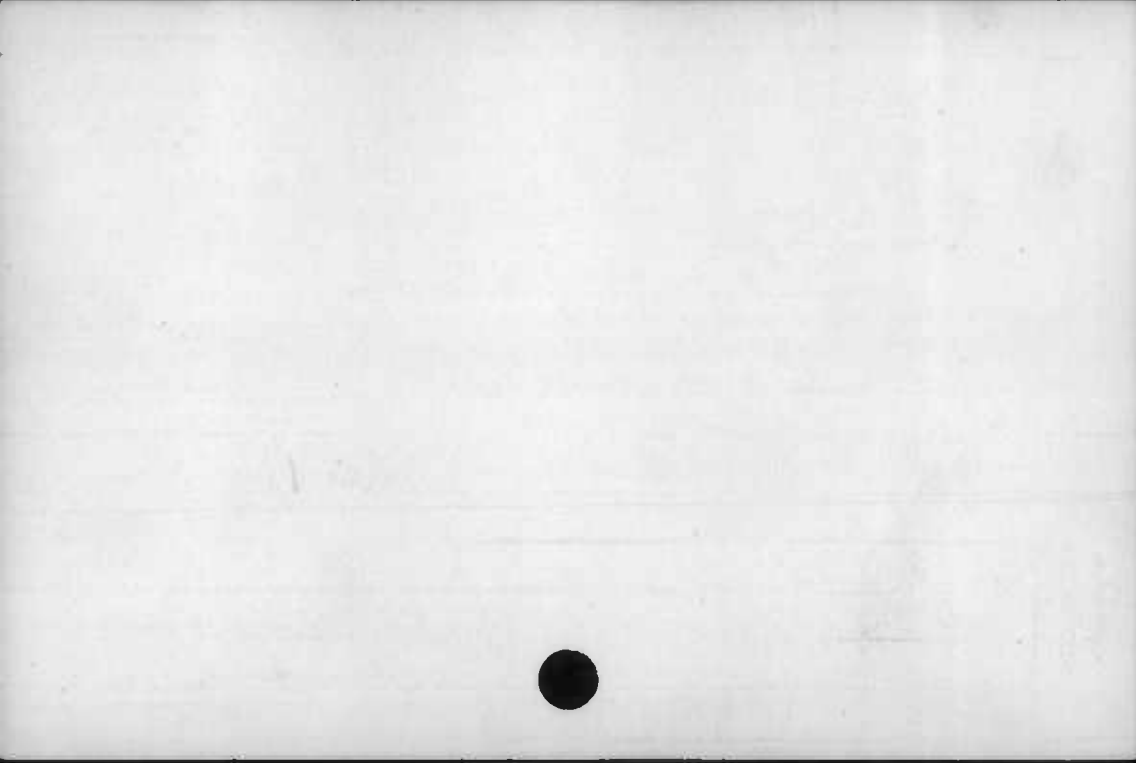
Died at <i>Washington Grove</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death <i>1910</i>	Month <i>March</i>	Day <i>24</i>	Age <i>25</i>	Years	Months <i>4</i>	Days <i>12</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Spring Hope, N.C.</i>			
Occupation <i>Telegraph Operator</i>			Where Residing if not at place of death <i>family living at Bowling Green, Va.</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Robert M. Perry</i>				Father's Birthplace <i>N.C.</i>			
Mother's Maiden Name <i>Ida Sales</i>				Mother's Birthplace <i>Nash Co, N.C.</i>			
Name of person giving information <i>Ms Ida Perry</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

27 ✓

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>many months</i>
Immediate <i>Pulmonary tuberculosis</i>	How long <i>many months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John S. Lindsey</i>
<i>apparently</i>	Address <i>Stewart Sanatorium</i>
Accident or Suicide? <i>No</i>	<i>Washington Grove, Md.</i>



Name
in
Full

Laura Lee Rawlinus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Germanstown Montg- MARYLAND

Date of death 1900 Month 3 Day 9 Age 61 Years Months 2 Days 9

Sex Female Color or Race white Birthplace md-

Occupation Housewife Where Residing if not at place of death Same

Married, Single or Widowed married Name of Wife or Husband J. H. Rawlinus

Father's Name Wm. Chiswell Father's Birthplace md

Mother's Maiden Name Rachael Fitchall Mother's Birthplace md

Name of person giving Information J. H. Rawlinus How related to deceased Husband

CAUSES OF DEATH

Primary Labor Pneumonia How long 8 days-

Immediate Exhaustion (Heart Failure) How long —

Are the name, age, sex, color, date and place correctly given above?

yes

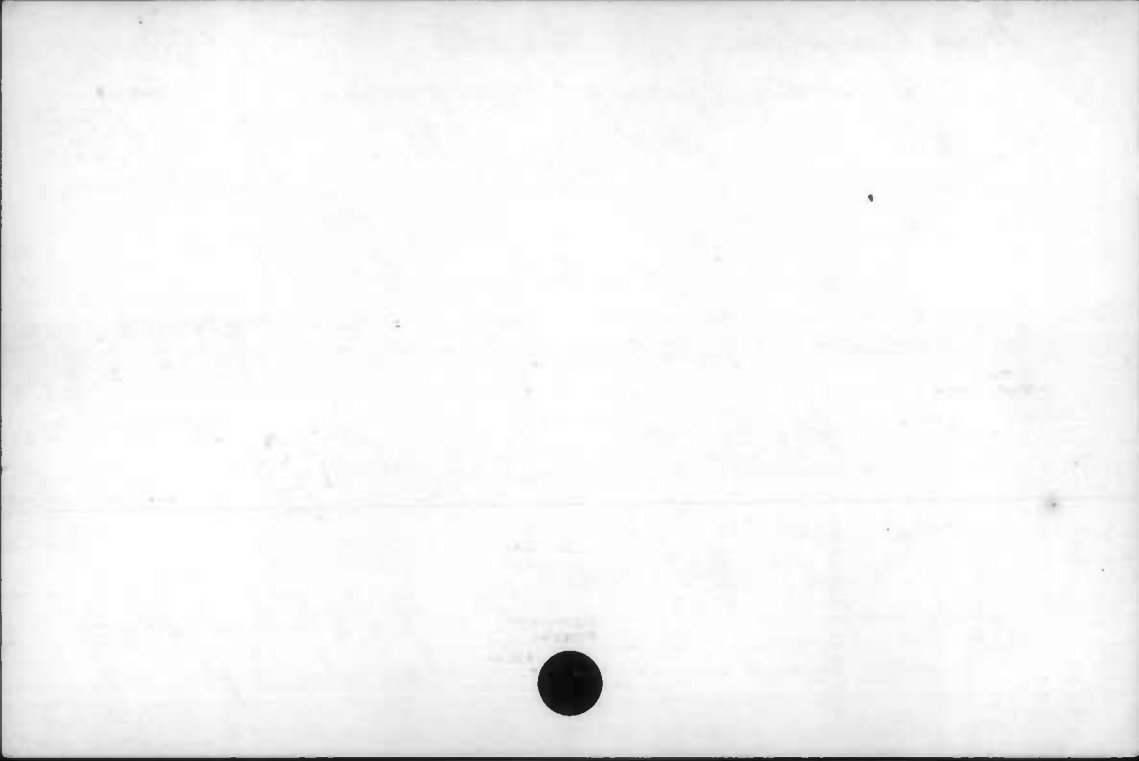
Signature of Physician

Address

H. B. Haddox
Guichersburg
md.

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

Mrs Caroline B. Scott

CERTIFICATE OF DEATH

Died at *Sandy Spring Montgomery* Town County
Date of death 19*80* Month *3* Day *26* Age *86* Months *4* Days *1*

Sex *Female* Color or Race *White* Birth-place *Baltimore*
Occupation *House.* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Milton Scott*

Father's Name *1* Father's Birthplace *Woodbury Md*
Mother's Maiden Name *1* Mother's Birthplace *Baltimore Md*

Name of person giving Information *Elizabeth Scott* How related to deceased *Daughter*

CAUSES OF DEATH

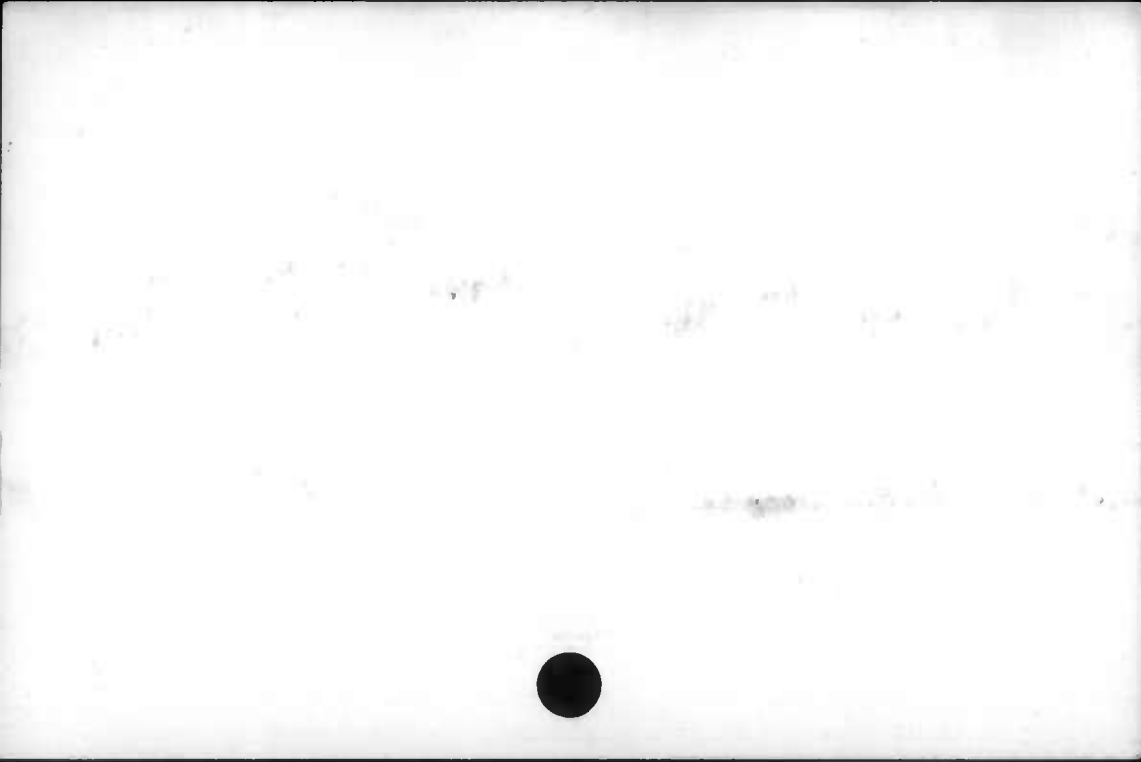
154

Primary *Old age* How long *3 days*
Immediate *Heart Failure* How long

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. H. Bied M.D.*
Address *Sandy Spring Md.*
Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Elias Sumner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at North Baltimore Post Heating County MARYLAND
 Date of death 1910 Month 3 Day 21 Age 64 Years Months — Days —
 Sex Male Color or Race Caucasoid Birth-place Ind.
 Occupation Laborer Where Residing if not at place of death —
 Married, Single or Widowed Married Name of Wife or Husband Lizzie Sumner
 Father's Name Orl. Father's Birthplace Orl.
 Mother's Maiden Name Orl. Mother's Birthplace Orl.
 Name of person giving Information wife How related to deceased wife

CAUSES OF DEATH

Primary Pneumonia How long 4 days
 Immediate — How long —

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

O. R. Linthicum

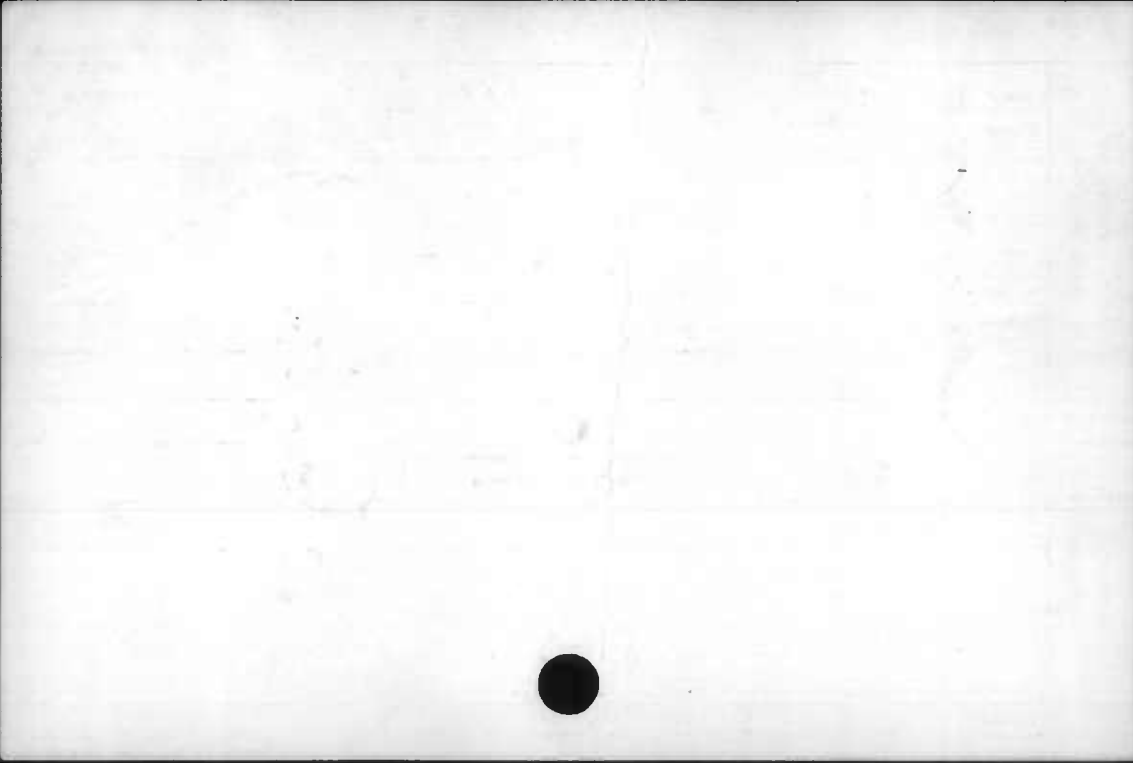
Address

Roseville

Ind.

Accident or Suicide

—



Name
in
Full

Ann E. Trundle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Gaithersburg* Town *Montg.* County

MARYLAND

Date of death *1900* Month *3* Day *29* Age *79* Months *3* Days *—*

Sex *Female* Color or Race *white* Birth-place *md.*

Occupation *Retired* Where Residing if not at place of death *same*

Married, Single or Widowed *widow* Name of Wife or Husband *JAMES O Trundle*

Father's Name *Ramus Dorsey* Father's Birthplace *md.*

Mother's Maiden Name *Jane T Dorsey* Mother's Birthplace *md.*

Name of person giving Information *Jas. E. Trundle* How related to deceased *stepson*

CAUSES OF DEATH

Primary *General Debility* How long *2 yrs +*

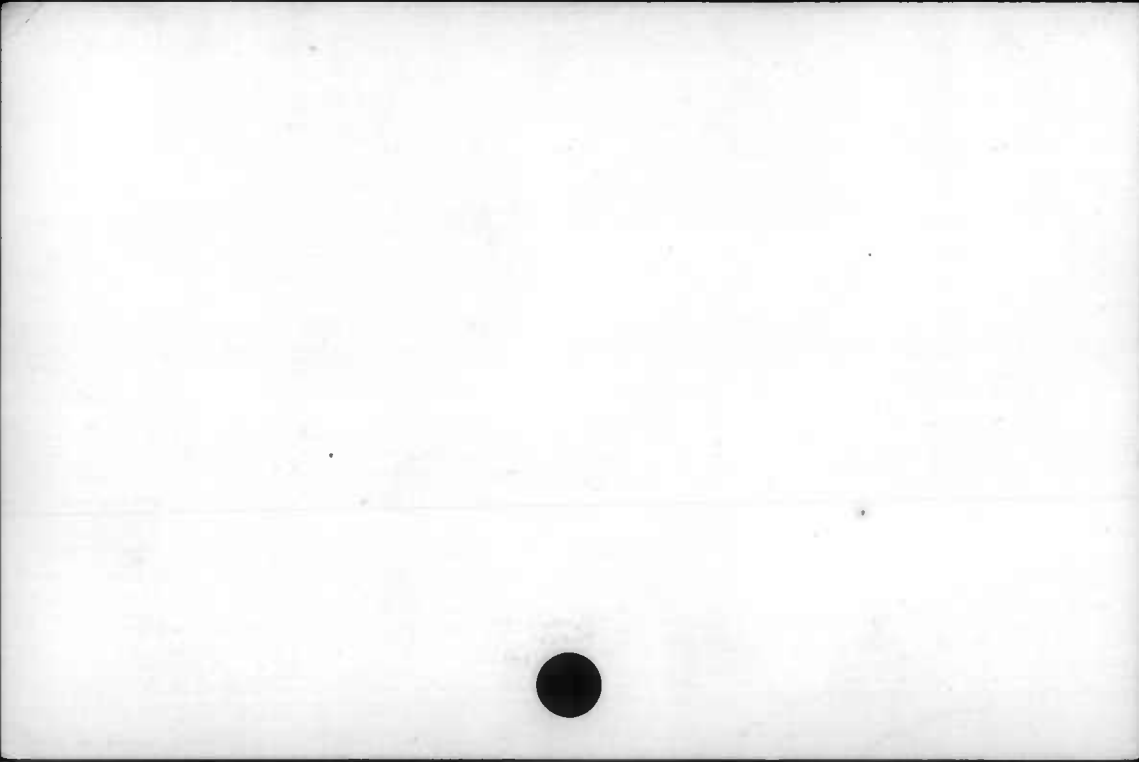
Immediate *Senile Pneumonia* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *A. B. Haddock*

Address *Gaithersburg md.*

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Georgetown</i>		County <i>Montgomery</i>		
		Date of death <i>1910</i>		Month <i>3</i>	Day <i>20</i>	Age <i>59</i>
		Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Md</i>	
		Occupation <i>clerk</i>		Where Residing if not at place of death		
		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ella S.</i>			
		Father's Name <i>Trachan J. Walker</i>	Father's Birthplace <i>Md</i>			
		Mother's Maiden Name <i>King</i>	Mother's Birthplace			
Name of person giving Information <i>Ella S. Walker</i>		How related to deceased <i>Wife</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Interstitial Nephritis</i>	How long <i>2 years</i>		<i>120</i>	
		Immediate <i>Exhaustion</i>	How long <i>1 Week</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>C. C. Echison, M.D.</i>		
				Address <i>Georgetown</i>		
		Accident or Suicide?				



Name
in
Full

Crawford Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near ^{Town} *Damascus* ^{County} *Montgomery* **MARYLAND**

Date of death *1960* ^{Month} *Mar* ^{Day} *9th* Age *—* ^{Years} *—* ^{Months} *6* ^{Days} *10*

Sex *male* Color or Race *white* Birth-place *near Damascus, Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Ernest Watkins* Father's Birthplace *Mont. Co., Md.*

Mother's Maiden Name *Susie Sherman* Mother's Birthplace *Virginia*

Name of person giving Information *Ernest Watkins* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Inanition and Broncho-Pneumonia* How long *Pneumonia - 3 days*

Immediate *Exhaustion* How long *a few hours*

Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *G. M. Boyer*

Address *Damascus Md.*

Accident or Suicide *—*



Name
in
Full

Eliza Jane Watson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

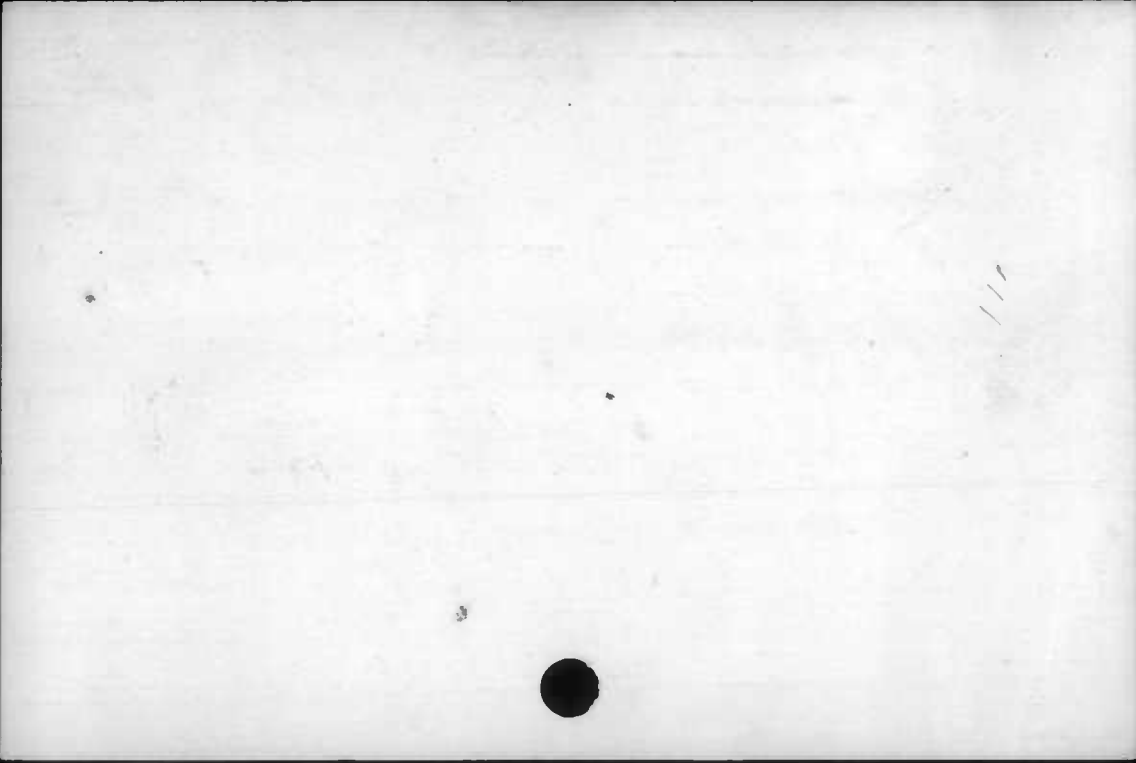
Died at <i>Madison</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1900</i>	<i>Mar</i> <small>Month</small>	<i>29</i> <small>Day</small>	<i>78</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>7</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Washington D.C.</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Richard C Watson</i>			
Father's Name <i>Albert C Memmister</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Eliza Sharpe</i>			Mother's Birthplace <i>Washington D.C.</i>		
Name of person giving information <i>Annie Memmister</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

(106) ✓

PHYSICIAN
OR CORONER

Primary <i>Gastro Intestinal Catarrh</i>	How long <i>Several years</i>
Immediate <i>Possive Pneumonia</i>	How long <i>1 1/2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>V H Wyon</i>
	Address <i>Laytonsville Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at

Charles Elmerath Haugh

Town

County

Keenawton Montgomery

MARYLAND

Date
of death

1910 March 28

Age

Years

Months

Days

4 27

Sex

Male

Color or
Race

White

Birth-
place

Ind

Occupation

none

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Wm J. Haugh

Father's
Birthplace

Ind

Mother's
Maiden Name

Faith E. Haugh

Mother's
Birthplace

Ind

Name of person giving
Information

Wm Haugh

How related
to deceased

Bro

CAUSES OF DEATH

Primary

marasmus

How long

2 months

Immediate

acute fastidius

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

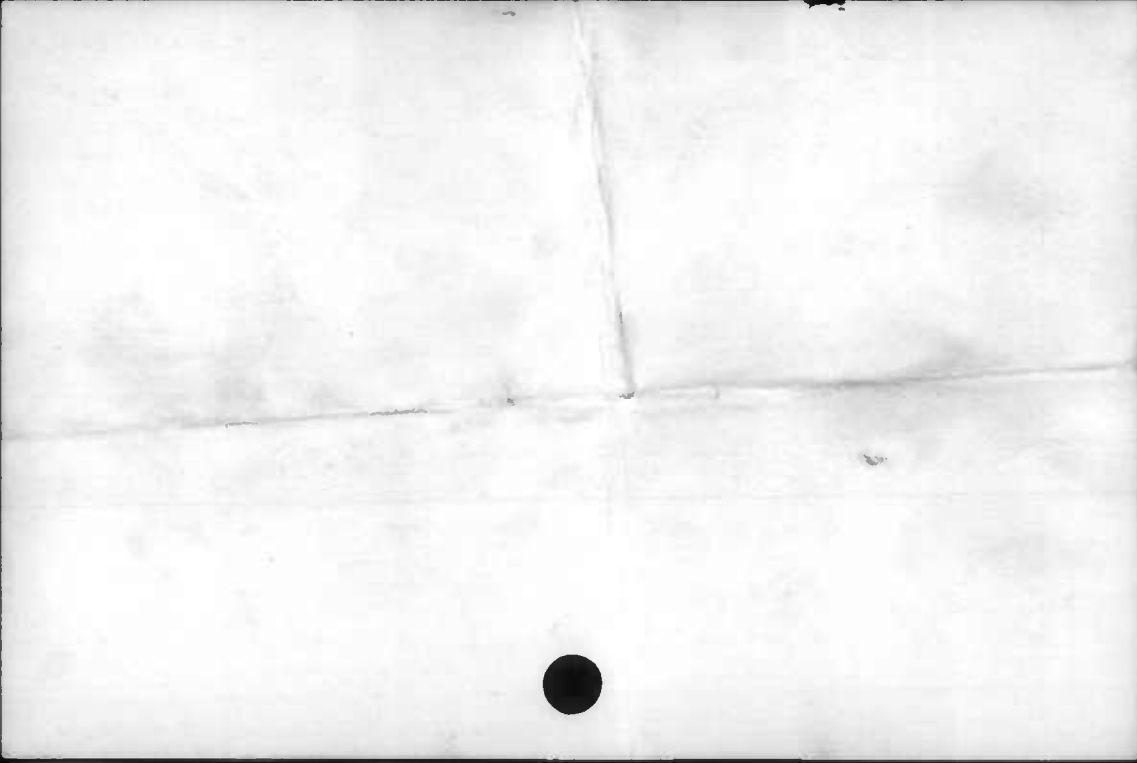
Signature of
Physician

Address

Eng. S. Jones
Keenawton

Accident or Suicide

no



Name
in
Full

CERTIFICATE OF DEATH

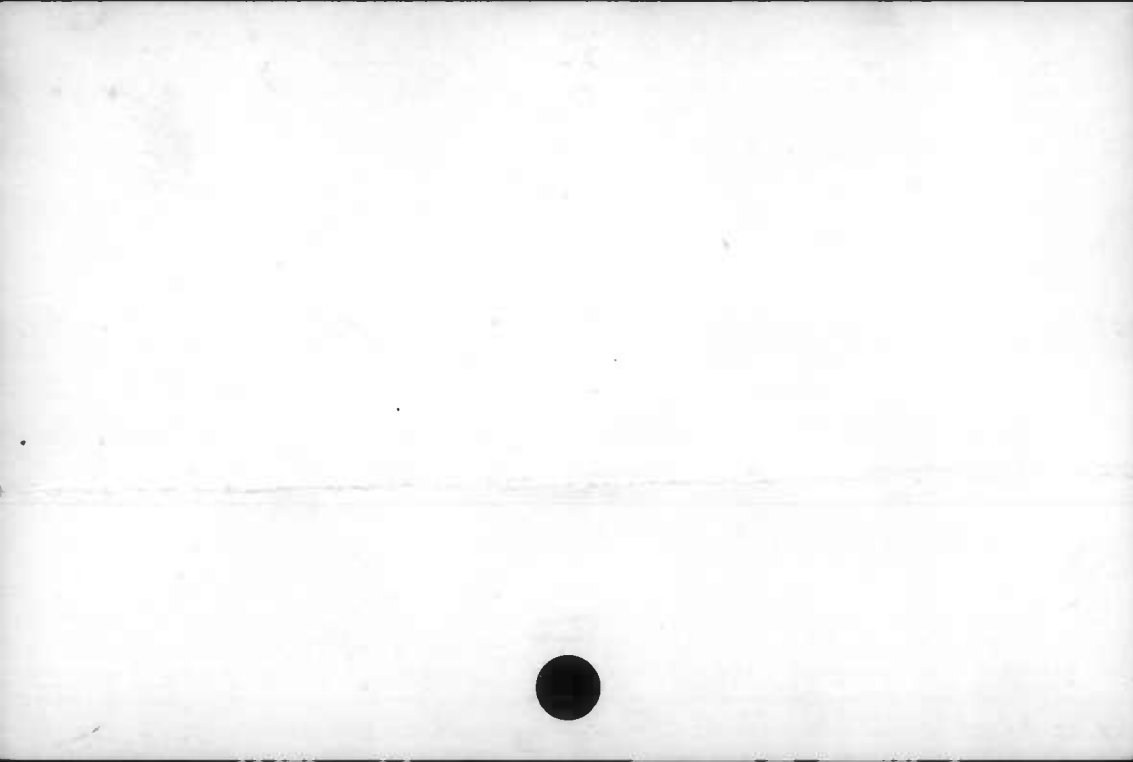
TO BE ANSWERED BY
NEAREST FRIEND

John W. Whittle
 Died at *Burtonville* Town *Montgomery* County
 Date of death *1960* Month *March* Day *19* Age *67* Years Months *—* Days *—*
 Sex *Male* Color or Race *White* Birth place *Montgomery Co Md*
 Occupation *Farmer* Where Residing if not at place of death *—*
 Married, Single or Widowed *Married* Name of Wife or Husband *Carrie Whittle*
 Father's Name *William Whittle* Father's Birthplace *Montgomery Co Md*
 Mother's Maiden Name *Mary Gates* Mother's Birthplace *Pt. Cr. Md*
 Name of person giving Information *Carrie Whittle* How related to deceased *wife*

125

PHYSICIAN
OR CORONER

On the Prostatic portion of the Urethra
 Primary *carcinoma* How long *2 weeks*
 Immediate *Gangrene* How long *5 days*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *J. R. Butson*
 Address *Spencerville Md*
 Accident or Suicide



Name
in
Full

Mary E. Wier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Fairview near Silver Spring		Montgomery Co		Maryland	
Date of death		1901		Age		64	
Month		Mar		Days		2	
Sex		White		Color or Race		White	
Occupation		House wife		Where Residing if not at place of death		Loudensco Va	
Married, Single or Widowed		Married		Name of Wife or Husband		Mrs J. Wier	
Father's Name		Joseph. Muck		Father's Birthplace		Va	
Mother's Maiden Name		Mary Muck		Mother's Birthplace		Va	
Name of person giving information				How related to deceased			

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary	Cancer face and throat	How long	over year
Immediate	undetermined (exhaustion & listlessness)	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. R. Street M.D.
		Address	641 East Cap St. Washington D.C.
Accident or Suicide?			

